PART B - FEE(S) TRANSM

Complete and send this form, together with applicable fee(s), to: Mail Ma

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

| | INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be complet appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence a indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDR maintenance fee notifications. | | | | | | | | |
|---|---|--|--------------------|--|---|---|----------------------------|----------------------------|--|
| | CURRENT CORRESPONDEN 32294 | r any change of address) | change of address) | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | |
| SQUÍRE, SANDERS & DEMPSEY L.L.P. 14TH FLOOR 8000 TOWERS CRESCENT TYSONS CORNER, VA 22182 | | | | OCT 0 4 2005 | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| 10/05 | :/2005 JADDO2 000000 | 31 09711217 | To the second | لمر | 6/ | ļ <u>.</u> | | (Depositor's name) | |
| | | | | RADEMA | •/ | | | (Signature) | |
| | :1501 1400.00 OP :8001 30.00 OP | | | | | (Date) | | | |
| VL I | APPLICATION NO. FILING DATE | | FIRST NAMED INVEN | | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | | |
| | 09/711,217 | 09/711,217 11/09/2000 | | Martin Bergenwall | | 1 | 781.389USW1 | 6709 | |
| | TITLE OF INVENTION: H | ORKING IN RADIO SYSTEM | | | | | 0.00 | | |
| | | | | | | | | | |
| | APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PU | BLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| , | nonprovisional | NO | \$140 | 0 | | \$0 | \$1400 | 10/11/2005 | |
| j. | EXAMINER | | ART UNIT | | CL | ASS-SUBCLASS | J | | |
| | PIZARRO, RICARDO M | | 2661 | | | 370-331000 | | | |
| • | 1. Change of correspondence CFR 1.363). Change of correspondence Address form PTO/SB/1 | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | | | |
| | "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 & DEMPSEY L.L.P. | | | | | | | |
| | ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | | | | ocument has been filed for | |
| | (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| Nokia Corporation Espoo, Finland | | | | | | | | | |
| | | ease check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🍄 Corporation or other private group entity 🗀 Government | | | | | | | |
| 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): | | | | | | | 01 1 1 | 10/10 | |
| | Issue Fee | | | A check in the amount of the fee(s) is enclosed. Check No. 13419 | | | | | |
| | | mall entity discount permitte | ed) | • | edit card. Form PTO-2038 is attached. | | | | |
| | Advance Order - # of Copies 10 | | | | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2222 (enclose an extra copy of this form). | | | | |
| | 5. Change in Entity Status | (from status indicated above |) | | | | • | | |
| | | MALL ENTITY status. See | | 🗖 b. Applic | ant is no | longer claiming SMA | LL ENTITY status. See 37 C | FR 1.27(g)(2). | |
| The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party i interest as shown by the records of the United States Patent and Trademark Office. | | | | | | | | | |
| Authorized Signature | | | | | | | | | |
| | Typed or printed name A | Registration No. 46,621 | | | | | | | |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.